Fill in this info	ormation to identify your case:							
	• • • • • • • • • • • • • • • • • • • •			eck one 2A-1Su	e box only as d pp:	irected ii	n this form and	in Form
Debtor 1	Anthony P Frascone							
Debtor 2 (Spouse, if filing)				■ 1. Tł	nere is no pres	umption	of abuse	
United States Bankruptcy Court for the: Southern District of New York				☐ 2. The calculation to determine if a presumption of abuse				
Ormod Glator	Spania de la company de la com	STITOW TORK			pplies will be male and the mean of the me			Means Test
Case numbe (if known)		ne Means Test		,	ocauca of			
					ualified military			
				□ Che	eck if this is a	n amen	ded filing	
Official I	Form 122A - 1							
Chapte	7 Statement of Your Cu	rrent Moi	nthly Inc	ome	9			12/19
attach a separa case number (i qualifying milit	e and accurate as possible. If two married people ate sheet to this form. Include the line number to use the fixed of the fixed people. If you believe that you are exempted frow ary service, complete and file Statement of Exemplace Is a complete Is a compl	which the addition om a presumption	nal information a of abuse becau	applies. se you (On the top of ar	ny addition	onal pages, writ nsumer debts o	e your name and r because of
1. What is	your marital and filing status? Check one or	nly.						
□ Not	married. Fill out Column A, lines 2-11.							
☐ Marr	ied and your spouse is filing with you. Fill o	ut both Columns	A and B, lines	2-11.				
■ Marr	ied and your spouse is NOT filing with you.	You and your s	spouse are:					
■ Li	ving in the same household and are not lega	ally separated.	Fill out both Co	lumns /	A and B, lines 2	2-11.		
□ Li p	ving separately or are legally separated. Fill enalty of perjury that you and your spouse are living apart for reasons that do not include evadi	out Column A, li legally separated	nes 2-11; do no d under nonban	t fill out	Column B. By	checkines or tha		
101(10A). F the 6 month	verage monthly income that you received from all or example, if you are filing on September 15, the 6-n s, add the income for all 6 months and divide the tota n the same rental property, put the income from that p	nonth period would I by 6. Fill in the re	be March 1 throusult. Do not include	ugh Aug de any ir	ust 31. If the amo	ount of you	ur monthly incom once. For examp	ne varied during le, if both
				Colum		Colum Debto non-fi		
_	oss wages, salary, tips, bonuses, overtime, deductions).	and commission	ons (before all	\$	3,915.00	\$	3,072.00	
	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.			\$	0.00	\$	0.00	
of you of from an and roo	nunts from any source which are regularly por your dependents, including child support unmarried partner, members of your householemmates. Include regular contributions from a spon on the include payments you listed on line 3.	L Include regular d, your depende	r contributions ints, parents,	\$	0.00	\$	0.00	
5. Net inc	ome from operating a business, profession,							
_			otor 1					
	eceipts (before all deductions)	\$ 0.00 -\$ 0.00						
	y and necessary operating expenses		Copy here ->	\$	0.00	\$	0.00	
	hthly income from a business, profession, or far ome from rental and other real property	m \$	oopy noic >	Ψ		Ψ		
J. 1461 1110	one non roman and other roat property	Deb	otor 1					
Gross re	eceipts (before all deductions)	\$ 0.00						
	y and necessary operating expenses	-\$ 0.00						
1	nthly income from rental or other real property	\$ 0.00	Copy here ->	\$	0.00	\$	0.00	
	, dividends, and royalties			\$	0.00	\$	0.00	

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Case number (if known)

Column B Column A Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \$ For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below... 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 3,915.00 + 3,072.00 6,987.00 \$ each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 6,987.00 Multiply by 12 (the number of months in a year) **x** 12 83,844.00 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. NY Fill in the number of people in your household. Fill in the median family income for your state and size of household. 126,167.00 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. 14a. Go to Part 3. Do NOT fill out or file Official Form 122A-2. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Anthony P Frascone **Anthony P Frascone** Signature of Debtor 1

Anthony P Frascone

Debtor 1

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Debtor 1	Anthony P Frascone	Case number (if known)	
Da	January 16, 2024 MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this for	m.	